



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.  
9.—The industry or business in which the work was done.  
10.—The month and year the deceased last worked at the occupation.  
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example 1

The principal cause of death and related causes of importance were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1922

### Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	2 days ago

#### Other contributory causes of importance:

Gallstones May 1, 192

#### Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County Howard  
Village or City Ellicott City

828

Registration Dist. No. 191Rose Hill

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel A. Curran(a) Residence: No. Ellicott City St., Ward.

If U. S. Veteran, specify WAR

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED5e. If married, widowed, or divorced  
HUSBAND of (or) WIFE of Elizabeth Curran6. DATE OF BIRTH (month, day, end year) Jan. 23, 1873

7. AGE

Years 64Months 5Days 3If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 12/13/3711. Total time (years) spent in this occupation 5 yrs.12. BIRTHPLACE (city or town) (State or country) Howard Co., Maryland

MOTHER FATHER

13. NAME Matthew Curran14. BIRTHPLACE (city or town) (State or country) Maryland15. MAIDEN NAME Mary E. Keith16. BIRTHPLACE (city or town) (State or country) Maryland17. INFORMANT Miss Anna Curran  
(Address) Ellicott City18. BURIAL, CREMATION, OR REMOVAL  
Place St. John's Cemetery Date June 28, 193719. UNDERTAKER Easton Sons  
(Address) Ellicott City20. FILED June 28, 1937 John B. Vaughan  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 26(Month) June (Year) 193722. I HEREBY CERTIFY That I attended deceased from Dec. 13, 1937, to June 26, 1937.I last saw him alive on June 26, 1937; death is said to have occurred on the date stated above, at 6:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Rupt. Heart & LungsDate of onset Dec. 13/37

Other Contributory Causes of importance:

Hemorrhage cerebral

Name of operator \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Frank P. Miller

M. O.

(Address) Ellicott City

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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RECEIVED	
The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUL 3 1937
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	Other contributory causes of importance:
Gallstones	Gastroenteritis
May 1, 1928	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1/3/30  
C. P. 11

V. S. No. 1  
 N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

6714

## 1. PLACE OF DEATH

County Howard

Village or City Mayfield

210-m

Registration Dist. No. 191

St. Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME Dollie Garland

(a) Residence: No. West Friendship, Md

(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 24, 1928

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
9	1		14	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	None
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Tennessee

13. NAME Robert Garland

14. BIRTHPLACE (city or town)  
(State or country) Tenn

15. MAIDEN NAME Della Trent

16. BIRTHPLACE (city or town)  
(State or country) Tenn17. INFORMANT Jesse Garland  
(Address) Gaithersburg, Md18. BURIAL, CREMATION, OR REMOVAL  
Place Sunshine, Md Date 6-10-37, 1919. UNDERTAKER F. C. Higinbotham Jr  
(Address) Ellicott City, Md20. FILED June 10, 1937 John B. Laughran  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 8 (Month) (Day), 1937 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Inquiry, 19, to

I last saw her DEAD June 8, 1937; death is said

to have occurred on the date stated above, at 5.30 PM

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Fractured Skull and internal Injuries

Date of onset

6-8-37

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury 6-8-37

Where did injury occur? Mayfield, Howard Co., Md

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Public Highway

Manner of Injury Auto Accident

Nature of injury Fracture Skull and Int. Inj.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Charles E. Miller M. D.

(Signed) Acting Coroner

(Address) Ellicott City, Md.

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## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	1921
<i>RECEIVED</i>	
	July 5, 1927
	JUL 3 1937
Other contributory causes of importance: S.	
Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago
	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

6715

## 1. PLACE OF DEATH

County Howard

Village or City Mayfield

2105m

Registration Dist. No. 191

St., Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Neomi Garland

(a) Residence: No. West Friendship, Md  
(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
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5e. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 6, 1915

7. AGE Years 21	Months 6	Deys 2	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	At Home
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
f.0. Date deceased last worked at this occupation (month and year)	ff. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Tenn

13. NAME Robert Garland

14. BIRTHPLACE (city or town)  
(State or country) Tenn

15. MAIDEN NAME Maggie Green

16. BIRTHPLACE (city or town)  
(State or country) Tenn

17. INFORMANT Jesse Garland

(Address) Gaithersburg Md

18. BURIAL, CREMATION, OR REMOVAL

Place Sunshine, Md Date 6-10-37, f9

19. UNDERTAKER F. C. Higinbotham Jr

(Address) Ellicott City, Md

20. FILED June 10, f937 John B. Loughran

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 8

(Month)

(Day)

, f93 7  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from INQUIRY, 19, to , f9

I last saw her DEAD June 8, 19, 37, death is said to have occurred on the date stated above, at 5.30 PM. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Fractured Skull  
Compound Fracture left Tibia 6-8-37

## Other Contributory Causes of Importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide Accident Date of Injury 6-8-37

Where did injury occur? Mayfield, Howard County, Md.

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Public Highway

Manner of Injury Auto Accident

Nature of injury Fractured Skull-Compound

Fracture of Left Tibia

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Charles E. Muller M. D.

(Address) Ellicott City, Md Acting Coroner

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis	JUL 3 1937	1921
Cerebral hemorrhage		July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

## Example II

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

6716

## 1. PLACE OF DEATH

County

7 Homestead

53-8

Registration Dist. No. 191

Village or City

Pine Orchard

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

Elkhart City 174

(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced  
HUSBAND of:  
(or) WIFE of:

✓

6. DATE OF BIRTH (month, day, and year)

July 31 1858

7. AGE

79

Years

Months

U

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Housekeeper

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

Md

(State or country)

MOTHER FATHER

13. NAME

Jacob Germ

14. BIRTHPLACE (city or town)

Germany

(State or country)

15. MAIDEN NAME

Mary Louis Germ

16. BIRTHPLACE (city or town)

Germany

(State or country)

17. INFORMANT

Mrs. William Germ

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. John's Cemetery Date July 2, 1937

19. UNDERTAKER

Eastern

(Address)

Elkhart City

20. FILED

July 2, 1937 John B. Loughran

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

July

29

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Tab 1, 1937, to June 29, 1937.

I last saw her alive on June 29, 1937; death is said  
to have occurred on the date stated above, at 9 AM.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Carcinoma of Abdomen

Date of onset  
1 year

## Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

S. G. McChes

Clarksville

M. D.

Address

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## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	AUG 5 1921	1921

BUREAU V. S.

Other contributory causes of importance:

Gallstones

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago
	3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis	SEP 4 1920	1915
Chronic interstitial nephritis	SEP 4 1920	1921
Cerebral hemorrhage	BUREAU V. 21	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

6717

## 1. PLACE OF DEATH

County

Howard

1860

Registration Dist. No.

195

Village or City

Near Laurel

St.

Ward

Length of residence in city or town where death occurred

77

yrs.

ND. (If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

THOMAS E. Simpson

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

7. AGE

Years

76

Months

14

Days

14

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8.

Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

9.

Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.

10.

Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Howard Co. Md.

Near Laurel

13. NAME

Thomas E. Simpson

Prince George Co.

Md.

14. BIRTHPLACE (city or town)

(State or country)

Howard Co. Md.

Md.

15. MAIDEN NAME

Mary E. Darby

Frederick, Md.

Md.

16. BIRTHPLACE (city or town)

(State or country)

Howard Co. Md.

Md.

17. INFORMANT

(Address)

Howard Co. Md.

Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Troy Hill

Date

June 8, 1957

19. UNDERTAKER

(Address)

K. W. Witt, Funeral Home

Laurel, Md.

Md.

20. FILED

6/17/37, 19

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

6 - 6  
(Month) (Day), 1937  
(Year)22. I HEREBY CERTIFY. That I attended deceased from  
5-20, 1937 to 6/6, 1937I last saw him alive on 6/6, 1937; death is said  
to have occurred on the date stated above, at 12:30 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Myocarditis chronic  
asthma & emphysema  
Pulmonary edema.

Date of onset

3

Primary Cause of injury: Accidental fall with

Other Contributory Cause of importance:  
falling out of bed; duration: two  
months.

3/21/37

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy?

No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury \_\_\_\_\_, 19

Where did injury occur? Laurel, Howard County, Md.

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

in his home.

Manner of injury fall, out of bed

Nature of injury fractured hip

No.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) 6/17/37, 1957

(Address) Laurel, Md.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	JUL 2 1927	1915
Cerebral hemorrhage	JUL 2 1927	1921

BUREAU U. S.

Other contributory causes of importance:

Gallstones		Date of onset
		May 1, 1928

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

6718

## 1. PLACE OF DEATH

County Howard

(463)

(40)

Registration, Dist. No. 91

Village or City Ellicott City, Md.

1

(Rose Still House Home) Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Patrick Tracey

If U. S. Veteran, specify WAR

(a) Residence: No. Newtown Cross

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Male White Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofEloise Tracey

6. DATE OF BIRTH (month, day, and year)

Aug 18, 1891

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

45

9

18

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

3 yrs

Attendant atInsane Hospital12. BIRTHPLACE (city or town)  
(State or country)Victor BridgeIreland

(State or country)

(State or country)

(State or country)

13. NAME Patrick Tracey

14. BIRTHPLACE (city or town)

Ireland

(State or country)

15. MAIDEN NAME Elizabeth Morris

16. BIRTHPLACE (city or town)

Ireland

(State or country)

17. INFORMANT Mrs. Eloise Tracey

(Address)

Baltimore County

18. BURIAL, CREMATION, OR CRYOP

Ship to Baltimore County

Place

Date

19. UNDERTAKER Casket Sales

(Address)

Ellicott City Md.

20. FILED

June 7, 1937

John B. Longman

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

(Month)

June 6, 1937

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

June 3, 1937, to June 6, 1937I last saw him alive on June 6, 1937; death is saidto have occurred on the date stated above, at 2 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Gastric CancerJan 22, 1937

Date of onset

Other Contributory Causes of importance:

Secondary anemiaHemorrhage

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Frank O' Brien M. D.(Address) Ellicott City Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 6, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago
	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN